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DECLARATION FOR UTILITY OR F		Attorney Docket Nun	nber	D5395		
		First Named Inventor	, <u> </u>	Gerald l	L. Larson	
		COMPLETE IF KNOWN				
(37 CFR 1		Application Number			· · · · · · · · · · · · · · · · · · ·	
X Declaration	Declaration	Filing Date				
Submitted OR	Submitted after Initial Filing (surcharge	Art Unit				
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name				
As the below named inventor, I here	eby declare that:					
My residence, mailing address, and ci	itizenship are as stated below	v next to my name.				
I believe I am the original and first inve	entor of the subject matter wi	hich is claimed and for whi	ch a pat	tent is soug	ht on the inventi	on entitled:
Modularized Power Take-	Off Systems For Veh	icles				
the constitution of the co	(Title of the In	vention)				
the specification of which						
is attached hereto						
OR						
was filed on (MM/DD/YYYY)		as United States A	pplicatio	n Number o	or PCT Internation	onal
L						
Application Number	and was amended	d on (MM/DD/YYYY)			(if applic	:able).
I hereby state that I have reviewed and any amendment specifically referred to		the above identified specif	fication,	including th	ne claims, as am	nended by
applications, material information whic	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT					
international filing date of the continua I hereby claim foreign priority benefits	under 35 U.S.C. 119(a)-(d)	or (f), or 365(b) of any fore	eign app	lication(s) f	or patent, invent	tor's or plant
breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)		iority Claimed	Certified Copy YES	Attached?
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] [
Additional foreign application nur	mbers are listed on a suppler	mental priority data sheet f	PTO/SB	/02B attach	ed hereto:	

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Labe	1.30410	OR Con	respondence address below	
Jeffrey P. Calfa, International Truc	ck Intellectual Pro	perty Company, LLC	D.	
Address 4201 Winfield Road, P.O. Box 14	488			
City Warrenville	State	Illinois	ZIP 60555	
Country USA Tele	ephone 63	0-753-3023	Fax 630-753-3982	
I hereby declare that all statements made herein of my or are believed to be true; and further that these statement made are punishable by fine or imprisonment, or both, ur validity of the application or any patent issued thereon.	ts were made with the k	nowledge that willful false	statements and the like so	
NAME OF SOLE OR FIRST INVENTOR :	A petition has be	en filed for this unsigr	ned inventor	
Given Name (first and middle [if any])		ly Name Larson urname		
Inventor's Signature Serala Z. Lan	s n		25. Aug. 2003	
Fort Wayne Residence: City	IN State	United States	United States Citizenship	
9603 W. Cove Court				
Fort Wayne	IN State	46804 ZIP	United States Country	
NAME OF SECOND INVENTOR:	A petition has bee	n filed for this unsigne	d inventor	
Given Name Colin J. (first and middle [if any])				
Inventor's Signature Oct Casey Date 25 AUG 2003				
Fort Wayne Residence: City	IN State	United States Country	United States Citizenship	
6133 Southampton				
Fort Wayne City	IN State	46814 ZIP	United States Country	
Additional inventors are being named on the _1supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Please type a plus sign (+) inside this bo	×

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if a	ny:			A petition	on has been f	iled for t	his unsigned inventor
Given Name (first and middle [if an	y])				Family Na	me or S	umame
Charles E.					I	Howard	
Inventor's Signature	Lu	_/	7	_			Date 8//8/63
Residence: City Silver Lake	Sta	IN ate		Country	United St	ates	Citizenship U.S.A.
Mailing Address							
Mailing Address							
City Silver Lake	Sta	ate IN		ZIP	46982	Countr	United States
Name of Additional Joint Inventor, if a	ny:			A petition	n has been file	ed for thi	s unsigned inventor
Given Name (first and middle [if an	y])				Family Na	me or S	urname
Inventor's Signature							Date
Residence: City	Sta	ate		Country			Citizenship
Mailing Address							
Mailing Address							
City	St	ate		ZIP		Cou	ntry
Name of Additional Joint Inventor, if a	ıny:			A petition	has been filed	for this	unsigned inventor
Given Name (first and middle [if any])				Family	Name o	or Sumame
Inventor's Signature		_					Date
Residence: City State		Country Citizenship		Citizenship			
Mailing Address							
Mailing Address							
City	Stat	te		ZIP		Co	untry

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Gerald L. Larson
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5395

I hereby appoi	nt:		[
OR	ners at Customer Number er(s) named below:	30410]	Place Customer Number Bar Code Label here
	Name		Registrat	tion Number
Den	nis K. Sullivan		26,510	
Jeffr	ey P. Calfa		37,105	
	T. Powell		45,020	
	n L. Lukasik		35,261	
	ney(s) or agent(s) to prosecu United States Patent and Tra			
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	t/Inventor. e of record of the entire interent and the interest of the state of the			
	SIGNATURE of A	applicant or Assignee	of Record	
Name		Gerald L. I	Larson	
Signature	Signature Yould I Laws			
Date Aug 197 18, 2003				
	the inventors or assignees of recorsignature is required, see below*.	d of the entire interest or	their representativ	ve(s) are required. Submit multiple
*Total of _3	forms are submitted.		-	

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Group Art Unit	
Examiner Name	
Attorney Docket Number	D5395

I hereby appoint:	Place Customer		
Practitioners at Customer Num	30410 Place Customer Number Bar Code		
OR	Label here		
Practitioner(s) named below:			
Name	Registration Number		
Dennis K. Sullivan	26,510		
Jeffrey P. Calfa	37,105		
Neil T. Powell	45,020		
Susan L. Lukasik	35,261		
as my/our attorney(s) or agent(s) to p	cute the application identified above, and to transact all		
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I am the:			
X Applicant/Inventor.			
Assistance of county of the outline interest Con 27 CED 2.74			
	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
SIGNATU	f Applicant or Assignee of Record		
	Colin J. Casey		
Name //	Connu. Cusej		
Signature Count L	Signature Colin Lasey		
Date 18 AUG 2003 //			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
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Group Art Unit	
Examiner Name	
Attorney Docket Number	D5395

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OR	ners at Customer Number 30410 ner(s) named below:	Place Customer Number Bar Code Label here		
ractition	Name	Registration Number		
Den	nis K. Sullivan	26,510		
Jeffr	rey P. Calfa	37,105		
	T. Powell	45,020		
Susa	an L. Lukasik	35,261		
	ney(s) or agent(s) to prosecute the application ide United States Patent and Trademark Office conr			
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Address				
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Country				
Telephone Fax				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
	SIGNATURE of Applicant or Assignee	of Record		
Name	Charles E. I	Howard		
Signature	MEHN			
Date	Date 8/18/63			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
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